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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000164290		2. Exact name of the Corporation CODE CONSTRUCTION INC			
3. Principal Office Address 3 WINSOR STREET			City GREENVILLE	State RI	Zip 02828-2816
4. NAICS Code 236110		6. Brief description of the character of business conducted in Rhode Island PROJECT CONSULTING AND/OR INSTALLATION OF REBAR, TITLE: 7-1.2-1701			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTOPHER A. COTE			Vice-President Name SAME		
Street Address 3 WINSOR STREET			Street Address		
City GREENVILLE	State RI	Zip 02828-2816	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CHRISTOPHER A. COTE			Director Name NONE		
Street Address 3 WINDSOR STREET			Street Address		
City GREENVILLE	State RI	Zip 02828-2816	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	\$ 0.0100
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative CHRISTOPHER A. COTE				Date 11-9-2020	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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